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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 6,192,476 / 90/011,521 Filing Date Issue Date: February 20, 2001 First Named Inventor Li GONG Title CONTROLLING ACCESS TO A RESOURCE Art Unit Not Yet Assigned Examiner Name Not Yet Assigned Attorney Docket No. 154892800500													
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. 25226</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Practitioner(s) Name</td> <td style="width: 25%;">Registration Number</td> <td style="width: 25%;">Practitioner(s) Name</td> <td style="width: 25%;">Registration Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number								
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR</p> <p><input type="checkbox"/> The address associated with Customer Number: </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First or Individual Name</td> <td style="width: 75%;"> </td> </tr> <tr> <td>Address</td> <td> </td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Email</td> <td> </td> </tr> </table>				First or Individual Name		Address		City	State	Zip		Country	Telephone	Email	
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</p>															
SIGNATURE of Applicant or Assignee of Record															
Signature			Date												
Name	George P. Simon		03/11/11												
Title and Company	Sr. Patent Counsel, Oracle America, Inc.														
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</small>															
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.															